

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

:	Taku	Yokoyama
		-

09/914,280

Filed

February 1, 2002

For

INFORMATION TRANSMISSION SYSTEM, INFORMATION

TRANSMISSION METHOD, ROBOT, INFORMATION

RECORDING MEDIUM, ON-LINE SALES SYSTEM, ON-LINE

SALES METHOD AND SALES SERVER

Examiner

Ruhl, Dennis William

Art Unit

3629

745 Fifth Avenue New York, NY 10151 Tel: 212-588-0800

Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended (1) (2)(3) (5) (6)(7)Claims remaining after Highest Present extra Rate Additional amendment number Fee previously paid for \*\* =25 \* 0 x \$50(25) = \$0Total claims 9 Minus \*\*\*=8 = \$ 0 \* 0 x \$200(100) Independent claims 3 Minus Total additional fee for this amendment \$0

<sup>\*\*\*</sup> If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

$\boxtimes$	This response is being filed within the <u>first</u> month following the expiration of the term originally set therefor.	This is a
	petition to request a one month extension of time. A check covering the cost of the petition is enclosed.	

$\boxtimes$	A check in the amount of $120.00$ is attached, which covers the cost of $\square$ additional claims $\square$ petition for extension of
	time.

## FIRST CLASS MAIL CERTIFICATE Respectfully submitted, I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 5, 2005. FROMMER LAWRENCE & HAUG LLP Attorneys for Applicant Thomas F. Presson, Reg. No. 41,442 Name of Applicant, Assignee or Registered Representative Thomas F. Presson Reg. No. 41,442 December 5, 2005 Tel: 212-588-0800 Date of Signature

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

Charge \$ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.